

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 584409

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		3				
5						
6	1		1			
7		1		1		
8	1		1			
9						
10						
11		2		1		
12	1		1			
13						
14						
15		3				
16						
17						
18	1		1			
19		1		1		
20	1		1			
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24	1		1			
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TOTAL IND.			8			
TOTAL DEP.		21				
TOTAL CLAIMS		29				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						